

**Location:** Bush Pilot Room, Explorer Hotel, Yellowknife

**Participants:** Ted Blondin, Chairperson  
Janita Etsemba, Behchoko Representative  
Alex Nitsiza, Whati Representative  
Noella Kodzin, Wekweeti Representative  
Henry Gon, Gameti Representative

**Staff:** Shannon Barnett-Aikman, Chief Executive Officer  
Rebecca Nash, Director of Health & Social Services  
Johan Glaudemans, Director of Finance & Corporate Services  
Rose Jiang, Director of Finance & Corporate Services

**Regrets:** Henry Gon, Wednesday June 27, 2018

**1. Meeting called to order at 10:30am**

**2. Opening Prayer by Noella Kodzin**

**3. Declaration of Conflicts of Interest**

No conflicts of interest declared

**4. Motion to approve meeting agenda**

Moved by Alec Nitsiza  
Seconded by Janita Etsemba  
Motion Carried

**5. Review of Previous Meeting Minutes**

February 19, 2018 and April 25, 2018

**6. Motion to approve previous meeting minutes**

February 19, 2018  
Moved by: Alex Nitsiza  
Seconded by: Janita Etsemba  
Motion: Carried

April 25, 2018  
Moved by: Janita Etsemba  
Seconded by: Noella Kodzin  
Motion: Carried

## 7. CEO Report

The board received an update on the fiscal and employment overview as per the report.

The CEO provided an update on the TCSA's Job Action Contingency (JAC) planning recognizing that the GNWT and Union of Northern Workers have not yet settled their collective agreement negotiations. It was noted that mediation between the UNW and the GNWT has been set for late October 2018.

The CEP overviewed the process of accreditation and where the TCSA is at in the process of moving toward full accreditation. Next steps will include engaging the TCSA Board in some governance-specific discussions specific to accreditation.

The Office of the Auditor General (OAG) continues to audit the Child and Family Services programs of the GNWT. : In 2014 the OAG completed an audit of the Child and Family Services programs under the GNWT. The information requests coming to TCSA are anticipated to continue into the summer months. We anticipate receiving a copy of the final OAG report in early Fall 2018.

The OAG's office is also preparing to conduct an audit on the GNWT's Education programs. To date, the auditors have not finalized what the full scope of the audit will be. The final audit report is anticipated for February 2019, to be tabled in the Legislative Assembly in the spring.

The CEO noted that four year old junior kindergarten was successfully implemented in four out of five TCSA schools this year and commented on the progress of related renovations. As part of ECE's plan to support the implementation of four year old programming, all TCSA schools have received new early childhood playground equipment. These structures will be installed during the summer months and all work is being coordinated through the Department of ECE.

There remains a significant challenge around the need to purchase new buses: we have been working closely with the Department of Education, Culture and Employment to secure additional funds for these capital purchases. We are confirmed to receive two new busses within the 17-18 fiscal year (hopefully in preparation for the start of the new school year) and are tentatively confirmed to receive a third new bus during the 18-19 fiscal year. These busses will meet national standards for school bus safety and will outfitted with mechanical supports to address the extreme weather conditions that exist in the North.

The NWTTA President and Executive Director, two reps from the Chief Public Health Office, and senior managers from ECE met with the Superintendents of Education to discuss potential issues for schools once cannabis becomes legalized. The Chief Public Health Office has accessed federal funding to develop community-based education for youth around this issue. A team of educators and facilitators will travel to every NWT community to workshop with youth, health care providers, and the community at large. This project is scheduled to start early in the 2018-2019 school year – the team is just waiting on final confirmation of the funding.

The CEO shared that during the last week of September, the Canadian Army Simulation Centre will work with the GNWT and regional Agencies to conduct a series of safety and security exercises (Operation Nanook) designed to help all involved develop an understanding of how to successfully function through an integrated response during emergency events. This emergency event will be based on wild fire management and emergency response. It will involve a simulated evacuation of the community of Whati (to Behchoko and then onto Yellowknife) and the TCSA will be involved specifically as we are responsible for managing the evacuation of our health clients (i.e. home care, long term care, etc.).

## **8. Guest Presentation – *Building a Culturally Respectful Health and Social Services System Knowledge Sharing Session, Indigenous Health and Community Wellness Division, Department of Health and Social Services***

### Cultural Safety

- How do we create spaces that reflect indigenous people?
  - Signage, northern artwork, etc.

Mandate to address the inequities that exist in the HSS system. Guiding principle: "Nothing about us without us."

Southcentral Foundation, Anchorage Alaska - recognized as leaders in this area.

- 60% of workforce are Alaskan native or indigenous from across the US
- Rigorous training - especially re: how to listen to the patient's stories and relay feedback in a way that builds trust. "Core Concepts Training!"
- Wholistic approach to care - traditional healing clinic in addition to Drs, nurses, etc. They offer traditional medicines, healing touch, etc.

Cultural Safety Best Practices:

- Patient / client defines culturally safe care.
  - There is a feedback loop and the patient always knows when change has been made in response to their feedback.
- Staff training.
- Cultural competency / safety training
  - re: history of our people, strengths of our people, teaching staff about their biases / assumptions, and a relationship building piece.
- More diverse workforce
- Culturally appropriate facilities
  - Signage, artwork, spruce boughs, traditional foods, etc.
- Commitment from leadership (Chief, CEO, etc.)
- System-wide integration
- Engagement and collaboration

TCSA & Mary Adele Bishop Health Center

- Signage - YES
- Patient Rights and Responsibilities - YES (opposed to "No tolerance" language)

Themes

- Engagement and Collaboration
- Policies, Standards, and Accountability

- Front Line Services Delivery
- Training and Development
- Traditional Healing

### Knowledge Sharing Session

#### A. Where are we now?

- Q) What is the current status around your experience accessing Health and Social Services?)
  - Overlap between program areas: education and HSS (i.e. SLP, child and youth counselling, etc.)
  - Partnering with Aurora College to offer programs locally to support labour market need (personal support workers)
  - History of residence set-up at CJBS: open area concept; one family looking after ~20 students, etc. Modelled after the Rough Rock, AZ model.
  - Culturally sensitive spaces (as noted earlier)
  - Ambulance program - ambulatory care (blood draws, etc.) cross-training to support the Health center staff
  - Mind, Body, and Spirit sessions - c/o Ted - is there an opportunity to build this capacity in local health authority staff?
    - Energy healing
    - Acupuncture
    - What to expand on the opportunities for traditional healing, etc.
  - JESH - day programs and rec programs, traditional foods, child visits into the senior's home, prayers
  - Language services provided within our Health Centers. Our clerks speak Tlicho Yati and serve as interpreters when needed
    - Always looking to support our staff further in this area as well - dialectical differences; medical terminology, etc.
- Q) What do we have to work with?
  - Tlicho Yati-based programs and services, especially for long-term care, etc.
- Q) Where do we want to be?
  - We might want our own treatment center in the future.
  - Improvement in communication
  - Better escort services for medical travel
  - Day programs offered in full Tlicho language
  - Greater addictions awareness and addictions education ... how do we improve in these program areas?
    - Having the CYCCs available to youth during the school closed months (summer, etc.)
  - Youth (under 18) in Behchoko who has attempted suicide several times ... grandmother brought him into community government. They referred him to TCSA but it's a barrier because he doesn't want to have to make an appointment ... talk-in services would be helpful ... or telephone counselling services across the territory.
  - Modifying the title of our programs i.e.) rather than "Alcoholics anonymous" is there a more culturally relevant term that is less stigmatizing?

- Q) How are we going to get there?
  - What does staff need to know or learn to best serve indigenous people?  
What skills do they need to have?
    - Training - terminology in Tlicho
    - All staff need to understand
    - Tlicho culture and traditional medicine
    - Need research - access federal dollars to support local indigenous research projects ... partner with southern institutions
  
- B. Who do we need to partner with to move this forward?
  - Southern research institutes (as noted below)
  - Federal government (research \$\$)
  - Our traditional leaders and healers ... before the historical knowledge is gone
  - Community governments and Tlicho Government
    - I.e. youth program where youth go out on the land - do traditional activities; visit the ancient burial sites; taking away legends, etc.
    - Imbe Program - summer youth program - traditional teachings to the youth with elder involvement
    - CART - That model
  
- d. Should traditional healing be available in the health and social services system? If so, what would that look like?
  - i. Yes! This should be an aspect of every hospital / health center
  - ii. Integrated approach between traditional healing and western medicine, not one or the other - but collaborative and integrated

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## 9. Health and Social Services Report – c/o Director of HSS

- A. Staffing Update: Staffing continues to be a main point of focus. NIC is posted since Rebecca will be filling in for Sara's maternity leave. Filling the nurse practitioner posting in Behchoko with casuals. LPNs have been staffed successfully - however we don't have a casual pool to draw from for short term need. Hiring is underway for four social workers. Also hiring for three additional Child and youth Care Counsellor

positions. Have successfully transferred one of our Tlicho social workers into the supervisor position. Clinical care coordinator for JESH was also a recruitment challenge - could not find a successful applicant so we transferred our regional homecare coordinator into that position on a one year transfer assignment ... will post for a one year term to back-fill that regional homecare coordinator. Priorities now to reviewing our org charts and cleaning up our casual staff lists.

- Our RCSA pool is dwindling also and we don't have the necessary number of students going into that program. We've worked with TG and Aurora College to boost local recruitment efforts for that program specifically.
- We are slowly improving our retention rates under our Health programs: our nurses especially are staying longer than they used to. However this year we've had four nurses go on maternity leave so that has been an anomaly.
- University of Toronto partners with us to have their nursing students do their practicums here.

Training Update - Limited in the last quarter though we did do the Beginner Language Course for the Long Term Care facility.

#### Chronic Disease Update:

Working on creating rules in the electronic medical records which will be used to be able to pull relevant data to inform program decision making. Not yet at the point to pull trends...still building the reporting capabilities.

Diabetes is our most prevalent chronic disease so that will be our first area of focus once the rules are created and we can generate relevant metrics.

Purtiss Moffat had reached out to TCSA to partner in seeking funding for the "Healthy Steps", but wasn't able to access that funding. We continue to work with TG / CART to support our citizens who are living with chronic disease.

- Research grants could potentially bolster our funding for these program areas...this can be an item for discussion at the next senior management meeting between TG and TCSA.

#### D. Accreditation Canada

- Four year cycle of assessment to ensure we are meeting standards and offering quality of service.
- In 2017 we did two standards - overall we did well. It was just a supplementary survey to see if we were on track to move ahead with overall accreditation.
- This year we signed an agreement to take on the full survey (September 2019). This means we have 11 surveys this time, spanning Health, Child & Family Services, and Long Term Care:
  - Governance - Sr Mgmt and Board
  - Leadership - Sr Mgmt and Board
  - Service Excellence - Sr Mgmt and Board
  - Rural and Remote Health Service
  - Infection, Prevention, and Control
  - Point of Care Testing
  - Medication Management
  - Child and Family Services
  - Community Based Mental Health
  - Long Term Care
  - Home Care

- Nora Wedzin will be involved to help Tlichonize the policies and supporting procedures that implement the policies.

#### E. Latent Tuberculosis Pilot

- Means the person is infected with the latent TB bacteria, but they do not have the TB disease.
- The goal is to eliminate TB altogether.
- We are the first region to be involved in the NWT pilot.
  - As of April 2018 there were 207 individuals with latent TB residing in Behchoko alone - that is a significant number of our population.
- They need to identify a "TB Champion" from within the community. It has to be someone who has a past history of TB and who can share their experiences. There's a public health officer from Ontario working with the communicable disease specialists in Yellowknife to support the pilot.
- The communicable disease nurse in Behchoko is already working to secure the space to host the event, etc., coordinate public speakers, etc. The timeline is set for September for that event so planning will be underway throughout the summer.
- If the Board can think of good "champion" candidates forward those names onto Rebecca Nash and she will add those names to the list of candidates being considered.

#### F. Communicable Disease

- Rates continue to be largely stable. Not much change in the last quarter with the exception of flu ... it was a difficult flu season but that has largely come to a natural end.

#### G. Long Term Care

- Program organization, development, and implementation continues. Foot care, language training, kitchen training, WHMIS, wound care, and elder abuse awareness have all begun in the last quarter so *lots* happening in that program area.
- Capacity at JESH: we have only one available respite bed at present. All other beds are full.
- Chairperson Feedback: Complaints coming his way from some of the seniors that they are not handled with respect by the workers. It could be a generational thing ... rushing, not taking the time to speak, etc.
  - With the coordinator being onsite these concerns should be easier to address.
  - Mgmt will work with staff re: awareness of how their demeanor / language choice (etc.) may be sending the wrong message to our clients.
  - Need a greater understanding and authentic delivery of "Tlichon Way of Life" behaviors in our service delivery.
  - Cultural sensitivity training: this could be a standing item on weekly staff meeting agendas, etc.
- Social Programs - OAG report Feedback
  - Service delivery
  - Adequate Training - structured decision making; assistant directors, matrix, etc. DHSS needs to provide deliberate and continuous support to health authority staff
  - Foster Care Files

- Preventative services - they commented on improvements in keeping families together.

#### H. Planning

- Accreditation
- Audits and Policies
- Org Chart reviews and "clean-up"
- Client Satisfaction surveys within health programs
- CFS action plan, recruitment and retention
- Continued training for Matrix, structured decision making, etc.

I. Question: Shingles ... The vaccine is \$165 per does (one does required). Is their funding support for clients who are not working and therefore don't have healthcare coverage? Is there a responsibility that the federal/ territorial government has to treat citizens?

- Potential discussion re: whether this can be included under the chronic disease review.

J. A lawyer visited the clients at the JESH to support the elders in developing a will. (Garth Wallbridge?) Unsure who paid for and coordinated that. Look into this as it may be a good time to revisit this topic. TG is already offering will support....perhaps we can work with TG to bring their person into the seniors home accordingly. July 6 and August 17 they are in from 11-3.

#### K. HSS Annual Report

- EMR - Electronic Medical Records (largely as discussed in the Health Report earlier today).
- Accreditation Canada Update - Level of involvement by the Board ... surveys from AC that Board members will need to complete.
- Home Care - Recent hire of a regional home care coordinator (again, as discussed this morning)
- Long Term Care (JESH) - Foot care program development is underway to expand across the region.
- Structured Decision Making - AS discussed in this morning report
- Housing Project -
- Family Violence Protocol - new booklets have been published and the final versions are ready for distribution. This was a collaborative project between RCMP, TCSA, TG, and the Tlicho Friendship Center
- Speech Language Pathology - Competition is running currently (3rd time posting) to staff two of these positions. We are working with HR to cast a wider recruitment net in an effort to attract qualified SLPs to these positions.
- Mental Health in Children and Youth - the MDI and Assets Index - review of data and how that has informed the CYCC and NTS itinerant teams

#### Discussions:

- Gameti: Seniors home build in Behchoko yet sometimes Tlicho citizens cannot get into the facility. Because it's a territorial facility, all client applications have to go to a territorial committee to determine who will be placed in which facility, and when. Because it is not a local facility, we cannot dictate who can access the facility.
- Ensure our elders at JESH are able to access community functions and activities. Having greater communication with family and community members re: calling on volunteers who are willing to accompany JESH clients to events.



Chief wants for JESH clients to attend the community feasts and/or to be able to share traditional foods with JESH but there has been difficulty with this. Behchoko Board member will send an email to Director of HSS and we will support their involvement. HSS will work with Behchoko Chief's office on how to facilitate this going forward.

- The Family Violence Protocol booklets will be available through CFS, Health Centers, Community Governments, etc.

## 10. Education – c/o CEO and Education Coordinators

The Director of Education provided an overview of education-specific generalities per the report.

### A. Demographics Data - Attendance

- Attendance data - most of our schools are approaching or exceeding the territorial average. However 85% is still an average of 28 days missed per year which, by the end of grade 12 is 2 full years of missed instructional time.

### B. Student Support Program Data - Typically, in any North American school you would expect to see 80-85% of the population on a regular education program; 10-15% of the population in a modified education program; and 3-5% of the population on an individual education program.

- In our region we have a bit of a different reality which has implications for how we program for our students:
  - a) Grades 1-2 we have 63% of our students on regular program; 36% of our students on modified programs; and less than 1% of our students are on an IEP.
  - b) Grades 3-6 we have 11% of our students on a regular program; 85% of our students on a modified program; and less than 4% of our students on an IEP.
  - c) Grades 7-9 we have 11% of our students on a regular program; 83% of our students on a modified program; and 6% of our students on an IEP.

### . Reading Achievement Data

- A typical student cannot / does not learn more than 1.25 years in a 1 year time span. So.... If a child is one full year below grade level it would typically take 4 years to close that learning gap - and that is assuming the gap doesn't grow.
- The academic intervention programs that started in 3 of our schools this year, and will expand to all 5 schools next year, are specifically focused on that.
- We can see that the blue portion of the pie chart in grades 1-2 is the lowest it has been for any of the grade levels groups...it indicates that the strategies are beginning to work at closing that learning gap.

### A. TROLL - Oral Language Screening Data

- The majority of our students are in the lowest percentile for oral language and literacy skills at four and five years old. This means that our children are developmentally delayed in oral language before they even enter school.
- The TROLL can be used in any language base - including Tlicho. Our results for the Tlicho immersion students is no different than that of the English cohort.

- ) The research suggest that multi-language learning in the early years actually supports greater learning and aptitudes as children grow and age.

K. Communication, Collaboration, and Information Sharing Agreement

- Review of latest draft of the document.
- No motion required but the Board is comfortable for Ted to sign the Communication, Collaboration, and Information Sharing Agreement:

L. Tlichó Yati Data Presentation

- Brigance Test - Tlichó Immersion Kindergarten
  - a) Students assess as being underprepared for school according to this assessment. Their results are consistent with those students entering the English program. This is largely in part to their delays in oral language ability.
  - b) Dene as a Second Language Assessment is used to assess progress in the Tlichó Yati classes.

M. Discussion:

- Principals need to be significantly more active in leading the language program. Teachers report that the principals are not in their classrooms enough and that they aren't modelling the use of the language in the hallways, etc.
  - a) The Board feels strongly that the principals need to be better leaders in this area. The Board appreciates that they are not experts and feel uncomfortable / uncertain, but they have to actively seek support from the TCSA coordinators, from Board members, from the community government and/or TG, etc.
- Need to continue to pressure ECE to staff a male and female elder full-time. The funding formula for this needs to change. In the meantime we should seek 3rd party contribution agreements to greater support the program.

## **11. Finance – c/o Directors of Finance & Corporate Services and Manager of Finance**

Education Budget Presentation - c/o Mary Jane

- Motion to Approve the 2018-2019 Budget for Education
  - ) Moved by Alex Nitsiza
  - a) Seconded by Noella Kodzin
  - b) Motion Carried

N. Audited Financial Statements (Year End March 31, 2018) - c/o Rose Jiang & Johan Glaudemans

Items to note:

- Statement II:
  - ) Mid-year increase in funding for CFS
  - a) Ambulatory care continues to be underfunded. WE continue to actively seek additional funding for this program via NIHB.
  - b) Some increased savings for JESH as it did not open right away at the start of 2017.
  - c) Some savings also due to changes in fiscal management processes.
  - d) The closing accumulated deficit for the HSS budget is up from 2.3 million to 2.8 million.

C. Statement III:

- The cumulative deficit for both program areas (Ed and HSS) went down from 2.38 million to 1.79 million.
- The "General" category typically reflects our rentals since we rent some units from Tlich Construction which we then rent to our staff, etc.

D. Statement IV:

- The increase in our cash flow is largely due to a change in the way cash is managed.

E. Notes

- The numbers are a bit higher under accounts receivable: we are looking to develop an approach where we can retrieve funds that are due to us rather than writing off any expenditure amounts.
- Inventories: Slight increase ... Health Centers have a meeting planned to review inventory ordering and storage to ensure strong positive oversight of purchase per need.
- Potential conversation re: whether or not to work more closely with NTHSSA in the area of dental programs.
- Accounts Payable and Accrued Liabilities: Still work to do in this area, it was an improvement over last year but our in-house processes still need work.
- Payroll Liabilities: Significant increase this year over last.
- Deferred Revenue: 3rd party contributions that do not neatly align to the fiscal year end. Significant increase to Tlich learning materials this year (\$200k) which reflects in this increase.
- Tangible Capital Assets: GNWT is going to provide two new busses during the current fiscal year and a third during the 19-20 fiscal year. This past year the TCSA put additional funding into upgrading our current busses with additional heating systems to support improved maintenance and operation. Also, our ambulances are aging which will eventually impact our quality of ambulatory care. This will need to be conversation between TCSA-DHSS-MACA since DHSS does not have the mandate to provide those services yet that is where we are funded from.
- Chief Jimmy Bruneau School is the second school on the capital plan for replacement with the Department of ECE. There are no dates tied to that as yet, but we will need to begin the conversation regarding where that should be located when it does get built, etc.
- Discussion: Regarding board travel - budgeting \$70K annually but spent \$120K; on the education program we budgeted for \$97K and the actual expenditures were approximately \$50k. Overall, across all program areas, it is roughly breaking even.

P. Management Report still under development by the auditors of Avery Cooper. As soon as that is received Shannon will review and sign off. That will be brought forward at the next meeting to share with the Board.

Q. Motion to Approve the Audited Financial Statements as presented:

- Moved by: Alex Nitsiza
- Seconded by: Henry Gon
- Motion Carried.

## 12. Board Member Concerns

Whati - What complaints process do we have? Is there a policy for this?

Response - Refer concerns to CEO and then the appropriate manager is brought into the conversation. Encourage the community member to take their concerns to the appropriate manager also since those are the people with the most capacity to address their concerns.

- TCSA Staff (both HSS and Education): gossip and attitude has not always been positive. Need better relationships between staff members. Managers / principals need to actively work on workplace culture through staff meetings, etc.
- When providing services to our elders, especially by using translation services, we need to be sure that the translations make sense and are helpful, that they do not further complicate the situation. TG is offering a will service ... Janita coordinates that through her office.

Behchoko - Reiterate the plan to bring concerns forward and discuss how to move those concerns forward to supervisors when needed.

Gameti: Teacher Evaluations - are these being done? Students are not always improving in some areas ... how do the teacher evaluations tie into student performance?

- Principal's husband was involved in the construction of the cabin. It interfered with the construction.
- Contracts of the teachers: how long are they supposed to work? When do their contracts get renewed or advertised?
- Cultural projects (sewing / drum-making, etc.) are traditionally done either by men or women. Materials are purchased (hides, antlers, etc.) - need better communication about what is happening with those materials. People think that the crafts are being done and people are taking their stuff home.
- Counselling Programs - Family counselling is that provided? Mabel Huskey comes in but is that her role? Lack of understanding who provides these services and when they are there.
  - Need to do a better job communicating with the public about when the counselors are going to be there.
- Sometimes concerns about not wanting to speak with a counselor because they are related to them.
- Concerns about youth ... counselling options for family counselling for those with addictions.

Wekweeti: Board member intends to be onsite at the school more often. She wants to have more knowledge of exactly what is happening.

- Hiring needs to be rotated across various family groups. Not just family members.
- Need a better relationship between the Board member and the principal. Still unsure about whether that is a positive relationship or not.
- Sewing projects are happening and those are positive: mukluks and mittens, etc.

Chairperson:

- Attended the TG Youth-Elders Conference in May. A variety of recommendations were generated out of those meetings that would support greater programming moving forward. Those recommendations are being collated at the TG level.
  - One of those recommendations was that the leadership needs to support greater training opportunities for the language workers.

- Chairperson attended the recent graduation ceremony for the three TCSA employees who completed their Masters Degrees. He spoke publicly at that event, representing the TCSA.
- Cannabis Legalization
  - TCSA will closely follow the policy development at the Federal and GNWT level. If necessary, our own policy development / revisions will be in mind.
- Letter to Department of Transportation re: road conditions between Rae and Edzo requesting that it be part of their work plan. Seeking specific info from Henry Lafferty to inform the specifics of that letter.

**13. Closing Prayer: Noella Kodzin**

**14. Motion to Adjourn the Meeting**

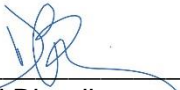
Moved by: Henry Gon

Seconded by: Janita Etsemba

Motion Carried

Meeting adjourned at 4:20pm

Minutes Approved by:



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Ted Blondin  
Chairperson  
September 11, 2018



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Shannon Barnett-Aikman  
Chief Executive Officer  
September 11, 2018